

LOCAL APPOINTMENT OF AND ATTORNEY FEE TO FEDERAL COURT APPOINTED COUNSEL

1. CIR/DIST/DIV. CODE WAW		2. PERSON REPRESENTED Shumpert, Ruben Luis		VOUCHER NUMBER																																																																																																													
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:04-494MJP-001		5. APPEALS DKT./DEF. NUMBER																																																																																																													
7. IN CASE/MATTER OF (Case Name) U.S. v. Shumpert		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant																																																																																																													
				10. REPRESENTATION TYPE (See instructions) Criminal Case																																																																																																													
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list up to five major offenses charged, according to severity of offense. 1) 18 922 G.F. -- UNLAWFUL TRANSPORT/POSSESS/RECEIVE FIREARMS THROUGH INTERSTATE COMMERCE																																																																																																																	
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Hiatt, Douglas Hiatt and Seitter 1218 3 rd Ave Suite 1800 Seattle WA 98101 Telephone Number (206) 262-9699			13. COURT ORDER <input type="checkbox"/> A Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Sub For Federal Defender <input type="checkbox"/> R Sub For Retained Attorney <input type="checkbox"/> P Sub For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive or unask, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case. Other (See instructions): _____ Signed by Court Appointed Clerk or By Order of the Court Date of Order: 12/10/2004 Reimbursement or partial reimbursement ordered from the person represented for this service at time of appointment: <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																														
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Hiatt and Seitter 157 Yesler Way Ste. 400 Seattle WA 98104																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>CATEGORIES (Attach itemization of fees with dates)</th> <th>HOURS CLAIMED</th> <th>TOTAL AMOUNT CLAIMED</th> <th>MATH/TECH ADJUSTED HOURS</th> <th>MATH/TECH ADJUSTED AMOUNT</th> <th>ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td>15. a. Arraignment and/or Plea</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Bail and Detention Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Motion Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Trial</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Sentencing Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Revocation Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. Appeals Court</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>h. Other (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(Rate per hour = \$) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>16. a. Interviews and Conferences</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Obtaining and reviewing records</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Legal research and brief writing</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Travel time</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Investigative and Other work (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(Rate per hour = \$) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>17. Travel Expenses (lodging, parking, meals, mileage, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>18. Other Expenses (other than expert, transcripts, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						CATEGORIES (Attach itemization of fees with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	15. a. Arraignment and/or Plea						b. Bail and Detention Hearings						c. Motion Hearings						d. Trial						e. Sentencing Hearings						f. Revocation Hearings						g. Appeals Court						h. Other (Specify on additional sheets)						(Rate per hour = \$) TOTALS:						16. a. Interviews and Conferences						b. Obtaining and reviewing records						c. Legal research and brief writing						d. Travel time						e. Investigative and Other work (Specify on additional sheets)						(Rate per hour = \$) TOTALS:						17. Travel Expenses (lodging, parking, meals, mileage, etc.)						18. Other Expenses (other than expert, transcripts, etc.)					
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19. CERTIFICATION OF ATTORNEY/FEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION																																																																																																												
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation or direct reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, give details on additional sheets). I swear or affirm the truth of the above statements. Signature of Attorney: _____ Date: _____																																																																																																																	
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